SENDED-COMPLETE THIS SECTION cument	COMPLETE THIS SECTION ON DELIVERY Page 1 o
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Dane
Article Addressed to:	Districtivery address below:   Yes  Yes  Yes  No
DARIN KEITH MARTIN	AUG 6 3
03606-061	700
FCI MCKEAN	MCINGINIATI DExpress Mail
P.O. BOX 8000	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
BRADFORD, PA 16701	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002	DALD DODL 5229 7422
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-0835